

ATTACHMENT E – NOTICE OF INTENT

**WATER QUALITY ORDER 2016-0039-DWQ
 GENERAL PERMIT CAG990004**

**STATEWIDE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT
 FOR BIOLOGICAL AND RESIDUAL PESTICIDE DISCHARGES
 TO WATERS OF THE UNITED STATES
 FROM VECTOR CONTROL APPLICATIONS**

I. NOTICE OF INTENT STATUS (see Instructions)

Mark only one item	<input checked="" type="checkbox"/> A. New Applicator	<input type="checkbox"/> B. Change of Information: WDID# _____
	<input type="checkbox"/> C. Change of ownership or responsibility: WDID# _____	
	<input type="checkbox"/> D. Enrolled under Order 2011-0002-DWQ: WDID# _____	

II. DISCHARGER INFORMATION

A. Name Citizens Development Corporation			
B. Mailing Address 1105 La Bonita Drive			
C. City San Marcos	D. County San Diego	E. State California	F. Zip Code 92078
G. Contact Person Pino Vitti	H. Email address pv@cdcsanmarcos.com	I. Title President	J. Phone 858-755-0216

III. BILLING ADDRESS (Enter Information only if different from Section II above)

A. Name			
B. Mailing Address			
C. City	D. County	E. State	F. Zip Code
G. Email address	H. Title	I. Phone	

IV. RECEIVING WATER INFORMATION

A. Biological and residual pesticides discharge to (check all that apply)*:

1. Canals, ditches, or other constructed conveyance facilities owned and controlled by Discharger.
Name of the conveyance system: _____

2. Canals, ditches, or other constructed conveyance facilities owned and controlled by an entity other than the Discharger.
Owner's name: _____
Name of the conveyance system: _____

3. Directly to river, lake, creek, stream, bay, ocean, etc.
Name of water body: _____ Lake San Marcos, San Marcos, California

* A map showing the affected areas for items 1 to 3 above may be included.

B. Regional Water Quality Control Board(s) where application areas are located
(REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): Region 9
(List all regions where pesticide application is proposed.)

A map showing the locations of A1-A3 in each Regional Water Board shall be included.

V. PESTICIDE APPLICATION INFORMATION

A. Target Organisms: Vector Larvae Adult Vector

B. Pesticides Used: List name, active ingredients and, if known, degradation by-products
Spheratax, VectoLex; Bacillus sphaericus; NA; EPA 84268-2, 73049-20, 73049-57
Aquabac, Vectobac; Bacillus thuringensis; NA; EPA 62637-3, 73049-10, 73049-38
Vectomax; Bacillus sphaericus + B. thuringensis; NA; EPA 73049-429
Altosid; (S)-Methoprene; NA; EPA 2724-451, 2724-448, 2724-392, 2724-446
EcoVia EC (Botanical Insecticide), EPA Exempt

C. Period of Application: Start Date 8/1/18 End Date Permit Expiration

D. Types of Adjuvants Added by the Discharger:
NA

VI. PESTICIDES APPLICATION PLAN

A. Has a Pesticides Application Plan been prepared?*

Yes No

If not, when will it be prepared? _____

* A copy of the Pesticides Application Plan shall be included with the NOI.

B. Is the applicator familiar with its contents?

Yes No

VII. NOTIFICATION

Have potentially affected governmental agencies been notified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agencies have been notified of this application submittal.
* If yes, a copy of the notifications shall be attached to the NOI.	

VIII. FEE

Have you included payment of the filing fee (for first-time enrollees only) with this submittal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> NA

IX. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment. Additionally, I certify that the provisions of the Order, including developing and implementing a monitoring program, will be complied with."	
A. Printed Name: N. Buhbe, on behalf of Pino Vitti	
B. Signature:	Date: 7/17/18
C. Title: Pino Vitti, President, Citizens Development Corporation	

X. FOR STATE WATER BOARD USE ONLY

WDID:	Date NOI Received:	Date NOI Processed:
Case Handler's Initial:	Fee Amount Received: \$	Check #: